

MONTANA BOARD OF BARBERS AND COSMETOLOGISTS

P. O. Box 200513
301 S PARK, 4TH FLOOR (Delivery)
Helena, Montana 59620-0513
(406) 841-2378 FAX (406) 841-2309
E-MAIL: dlibsdcos@mt.gov WEBSITE: www.cosmetology.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

Please allow 10 days for processing from the date the Board receives a completed routine application

BOOTH RENTERS ARE NOT PERMITTED TO PRACTICE BOOTH RENTER SERVICES IN MONTANA IN ANY
MANNER WITHOUT AN ACTIVE MONTANA LICENSE.
ALL SERVICES MUST BE PERFORMED IN A LICENSED BARBERSHOP OR SALON.

LICENSE REQUIREMENTS:

? Must hold a current Montana Barber, Cosmetologist, Electrologist, Esthetician or Manicurist license that is in good standing.

? Must abide by the requirements of 39-51-204, MCA.

FEES:

? \$40.00 Booth Rental License Application Fee

Make check or money order payable to the Montana Board of Barbers and Cosmetologists

DOCUMENTS:

? Manicurists and Estheticians only: Proof of completion of the application for Workers' Compensation insurance or the exemption as required by MCA 39-51-204. For more information regarding this form and information regarding it, please contact the Workers' Compensation Regulation Bureau at (406) 444-3726.

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed by Board staff for permanent licensure.
- ◆ Keep the Board office informed at all times of any address change, change in license status, complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ◆ Once a complete routine application is received, processing may require up to 10 days to process.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved, a permanent license will be issued.

For information regarding the processing of this application or other concerns please contact the Board of Barbers and Cosmetologists staff at (406) 841-2378 or email us at:
dlibsdcos@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF BOOTH RENTERS ON OUR WEBSITE: www.cosmetology.mt.gov

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Application for licensure as: _____ (All fees are non-refundable and are not pro-rated)

Please allow 10 days for processing a completed routine application.

1. FULL NAME: _____
Last First Middle
2. OTHER NAME(S) KNOWN BY: _____
3. HOME ADDRESS: _____
Street or PO Box # City and State Zip
4. TELEPHONE: (____) _____ (____) _____
Home Cell E-mail Address
5. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
6. PROFESSIONAL LICENSE TYPE _____ PROFESSIONAL LICENSE NUMBER: _____
7. LICENSE NAME _____
(State your name as it should appear on the license if granted.)
8. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No
9. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No
10. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No
11. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. ☐ Yes ☐ No

12. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐Yes ☐No
13. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐Yes ☐No
14. Have any civil legal proceedings been filed against you by a client, former client, employer or employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. ☐Yes ☐No
15. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. ☐Yes ☐No
16. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. ☐Yes ☐No
17. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. ☐Yes ☐No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Barbers and Cosmetologists

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

